

FORM RF212 – NONSEGREGATED FACILITIES

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS • OFFICE OF PUBLIC HEALTH

PROSPECTIVE PRIME CONTRACTOR'S (BIDDER'S) CERTIFICATION OF NONSEGREGATED FACILITIES

I hereby certify that I do not and will not maintain any facilities provided for my employees in a segregated manner, or permit my employees to perform their services at any locations under my control where segregated facilities are maintained; and that I will obtain a similar certification prior to the award of any federally assisted subcontract exceeding \$10,000 which is not exempt from the equal opportunity clause.

(PROJECT or WATER SYSTEM NAME)

(Signature and Title of Prospective Prime or Sub Contractor's Representative)

(Printed or typed Name and Title of Prospective Prime or Sub Contractor's Representative)

(Name and address of Prospective Prime or Sub Contractor)